

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last)			SOCIAL SECURITY NUMBER		DEPARTMENT	
Cal T. Rans			012-34-5678		TRANSPORTATION	
POSITION		B.U./M.D.	NUMERIC DIST/UNIT (For Check to Be Sent)		CONTACT PHONE # (Include Area Code)	
Transportation Engineer		9	59/501		(916) 555-1212	
CLAIMANT'S HOME ADDRESS			HEADQUARTERS ADDRESS			
1111 Broadway			1234 Alhambra Blvd.			
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE
Sacramento	CA	91234-5678	Sacramento		CA	95818-

(1) MONTH/YEAR January, 03		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L.T. N/C REL. OR DINNER		(A) COST OF	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
10	0600	Los Angeles-Sacramento	84.00	5.66	10.00	17.12		PC			475	161.50		278.28
11		Sacramento	84.00	6.00	8.77	16.56	5.50							120.83
12		Sacramento	84.00	6.00	7.74	18.00	6.00							121.74
13	1900	Sacramento-Los Angeles		5.48	10.00	15.85	3.00							34.33
(10) SUBTOTALS			252.00	23.14	36.51	67.53	14.50					475	161.50	555.13

Relocation to Sacramento, 4 days of relocation per diem, one-way mileage only to new HQ location

CLAIM TOTAL	\$ 555.18
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[illegible]

(15) I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE <i>Cal T. Rans</i>	DATE <i>1-15-03</i>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>Boos T. Rans</i>	DATE <i>1-17-03</i>
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse side)			DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING